

CONSORTIUM

FOR A

HEALTHIER

MIAMI-DADE



Sponsored By The Miami-Dade County Health Department

**Annual Report
2008**

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Miami-Dade County Health Department

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History

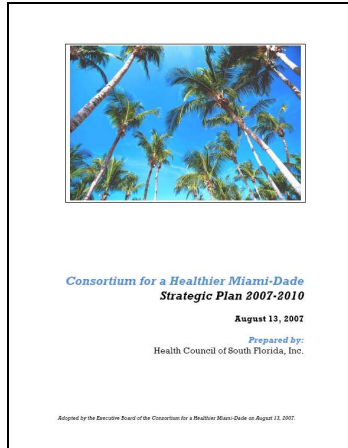
The Consortium for a Healthier Miami-Dade (Consortium) is a community initiative sponsored by the Miami-Dade County Health Department (MDCHD). The Office of Community Health & Planning (OCH&P) provides administrative support and staffing for the sub-committees of the Consortium. The Consortium was established in 2003 to address the prevention and management of chronic disease and to implement the goals of Healthy People 2010. It is made up of over 50 different community organizations with partners who volunteer their time and resources to improve the health of Miami-Dade through promoting good nutrition, physical activity, stress reduction and not using tobacco products. The Consortium has a competitive advantage in which the members have an opportunity to promote the activities of their organizations and partner with other organizations to better serve the community.

The mission of the Consortium is to be a major catalyst for healthy living in Miami-Dade. Its vision is: Healthy Environment, Healthy Lifestyles, Healthy Community. The Consortium has three main community goals:

- Educate the community about cost-effective benefits of healthy lifestyles;
- Support health policy at the local and state levels that encourage healthy lifestyles and health-promoting environments;
- Collaborate on jointly prioritized goals to achieve community goals.

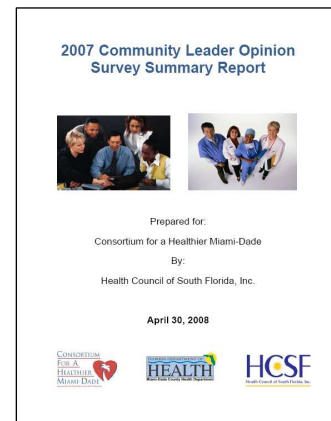
The Consortium is committed to working with the Miami-Dade County community to promote healthy lifestyles and enhance healthcare information. In order to achieve its goals, the Consortium works in a committee structure with leadership from the Executive Board. Each committee has a chairperson and a co-chairperson that volunteer their time to serve. The chair and co-chair positions are filled by community partners of the Consortium representing a diverse and impressive array of subject matter experts.

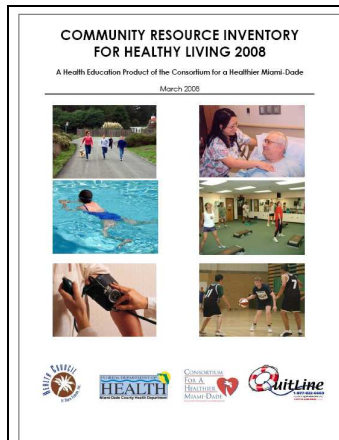
Consortium Products



In an effort to standardize its goals and objectives, the Executive Board of the Consortium convened and agreed on a strategic plan. Each committee has devised work plans to guide their work for a detail version of the strategic plan. Please visit the website www.healthymiamidade.org for additional information.

Each year the Consortium conducts a Community Leader Opinion Survey that is facilitated by the Health Council of South Florida. This survey is used by the Consortium's Executive Board to identify and prioritize the most important health needs, problems and services that are identified by community leaders. These findings help shape the Consortium's goals and objectives. The summary report can be found on pages 12-25 of this report. Please visit www.healthymiamidade.org for a copy of the full report.





The Community Resource Inventory Guide is produced yearly by the Consortium. This inventory contains a listing of community resources for providers to refer their clients. In addition to healthcare information and services that are provided in the community, this guide also includes area parks and services that can help residents maintain a healthy lifestyle

- This past year the Consortium was recognized by the United States Acting Surgeon General Steven Galson, and received an award for the work that is being done to help combat the obesity issue in the community.
- The **Mission to Health** project was highlighted at the 2008 Florida Minority Health Disparities Summit that was held August 13 -18 at the Grand Hyatt in Tampa, Florida. Mission to Health is a collaborative community outreach program to educate the at-risk “Pan African” communities of Miami-Dade County on preventive measures to promote healthy lifestyle choices and reduce risks for chronic diseases. The Florida Heart Research Institute participated over the past two years at selected black churches by screening, identifying and counseling those at risk for cardiovascular disease, diabetes and obesity. Together with its community partners, they offered a comprehensive fitness and education program to encourage healthy lifestyle changes. Summary data from screening events combined with survey responses will be available in the fall of 2009.

Committee Reports

Children Issues

Step Up, Florida is a statewide initiative that promotes physical activity and healthy lifestyles for all Floridians. It highlights local and state level opportunities for people of all abilities to be physically active. Every year, the Children Issues Committee of the Consortium coordinates and participates



in this annual event. Step Up, Florida provides an opportunity to forge partnerships on a state and local level among healthy lifestyle stakeholders. This past year the event took place at the NFL Youth Education Town at Gwen Cherry Park and over 200 people participated. Activities included zumba, tai chi, outdoor relays and a special dance performance given by the senior dance troupe from Country Village Park. During the entire month of February and March, activities took place in schools, parks, and worksites where a total of 14,269 individuals participated.

Elder Issues

The Elder Issues Subcommittee was formed in 2006. It is comprised of professionals from various fields that provide funding and community services to elders, including, but not limited to: medical, social services, dietetic and education. In 2006, The Honorable Carlos Alvarez, Mayor of Miami-Dade County, asked the Elder Issues Committee to act as the steering group for his initiative on Aging **To Life!**



This group assists in coordinating educational forums for elders and professionals, health and fitness fairs to promote wellness and safety among older adults, hurricane preparedness education and kit distribution. The Elder Issues Committee works closely with the Center for Medicare and Medicaid Services (CMS) to promote national initiatives and projects such as the prevention of Medicare/Medicaid Fraud, the preventive health benefits available through Medicare and promotion of the Open Enrollment Period. This Committee is working with Health Foundation of South Florida to promote and assist with their \$7.5 million Healthy Aging Initiative as they continually strive to forge a collaborative to improve the health of older adults. The Foundation's Healthy Aging Initiative is supporting evidence-based programs in four areas: Chronic Disease Self-Management, Fall Prevention, Physical Activity and Depression.

The Elder Issues Committee has partnered with the Alliance for Aging and the Area Agency on Aging for Miami-Dade and Monroe Counties, to promote the Aging Resource Center. Aging Resource Centers are designed to provide elders and their loved ones with information and streamlined access to an array of services. A workgroup was formed from members of the Elder Issues Committee to participate on "Team Miami" as part of the national initiative: "Improving Hispanic Elders' Health: Community Partnerships for Evidence-Based Solutions".

Health and the Built Environment



The Health and the Built Environment Committee has worked diligently over the last year fine-tuning a 20-30 minute, scripted PowerPoint presentation and offering the presentation to key stakeholders in the community. The presentation focuses on the alarmingly poor health outcomes of the county in areas associated with lack of physical activity, the role physical activity can play

improving health, and how the built environment (e.g., street design, land-use mix, and site design) can increase physical activity and improve local health outcomes. Emphasis is placed on “incidental” physical activity, i.e., physical activity done when carrying out day-to-day activities such as going to the store or to work. Health and the Built Environment presentations have been provided to a county group of urban planners, the County Planning Advisory Board, the County Bicycle and Pedestrian Advisory Committee, and a Consortium of county older adult advocates. Upcoming presentations will be offered to County Community Councils and municipal planning committees.

Health Promotion and Disease Prevention



Over the past five years, the Health Promotion and Disease Prevention Committee’s goal has been to conduct strategic planning and community education relating to health promotion and disease prevention that meets the needs of specific target populations as well as healthcare and community service providers. This has been accomplished by holding educational forums for providers, participating in health fairs and screenings, and the committee’s active participation in the Step-Up, Florida Annual event. Two community programs have been conducted: *Mission to Health* and *Living for Health*, specifically focused on screening for, educating on and preventing cardiovascular disease in targeted communities. The Committee also established a speakers’ bureau that can act as official spokespersons for the Consortium.

This past year, the Committee has focused on an initiative to help decrease geographic disparities by providing a mechanism to centralize the provision of screening activities and health services throughout all of Miami-Dade County.

The following are three components being developed to accomplish this initiative with the purpose of obtaining the funding necessary to develop software for a web-based system that will incorporate all the components and making an efficient system.

- Centralization of Community Health Outreach Program (CHOP) Health Fairs.
- Data Collection from CHOP Events.
- Coordination of Referrals from CHOP Events.

Marketing and Membership

The Marketing and Membership Committee of the Consortium is responsible for providing the community with information about the Consortium.

The purpose is to bring all interested parties together to address the issues related to chronic disease in our community. They also have responsibility for the communications area of the Consortium including the website and other

communications tools. The Consortium was featured in two newspapers: the Miami Times and the South Florida Hospital News.



There are two types of membership status at the Consortium:

Active Member: Captures your organization's commitment to participate in planning initiatives under one or more Committees of the Consortium.

- Attends at least 50% of Committee meetings a year and/or the Consortium's Annual Meeting.
- Receives all meeting announcements and planned activity announcements.
- Receives discounts at Consortium activities.
 - Admission fees

- Exhibit fees
- Receives sponsorship opportunities.
- Organization information is listed on the Consortium website.
- Organization can update online information.

Member at Large: Captures your organization’s interest in learning about Consortium planned activities and/or initiatives. To this effect, your organization does not actively participate in planning the activities and/or initiatives.

- Receives all meeting announcements and planned activity announcements.

Please visit the website www.healthymiamidade.org for additional information about the Consortium or to become a member.

Oral Health



This committee meets every third Monday of each month to discuss new ways to improve oral health outcomes for the uninsured and underserved children in Miami-Dade County. During these meetings the group share ideas, discuss issues that affect service delivery to the target population, seek funding opportunities to reduce financial barriers, work on solutions, and invite community partners to join the Oral Health Consortium.

The Give Kids a Smile (GKAS) event is a national project supported by the American Dental Association. GKAS has been an annual event since 2002 and its purpose is to promote awareness about oral health, provide direct services to people and to connect them to a dental services home. Oral health providers in Miami-Dade, the Department of Health's Mobile Dental Van, Community Smiles, Miami-Dade College Dental Hygiene Program, Miami Children's Hospital's

Toothtown, and many community health centers have all participated in GKAS the past two years. Services provided included: screenings, exams, cleanings, sealants, varnish and x-rays for children under the age of 18 years. The committee has targeted 50% of the children under the age of 5 years. Some children received restorative care on the day of the event. All children seen were provided with either a follow up appointment or a referral to a dental services home. The Seals on Wheels Mobile Dental Program from the Miami-Dade County Health Department has provided oral hygiene instructions to more than 2,500 parents and children through different health fairs and outreach projects in Miami-Dade County.

Tobacco-Free Workgroup

The committee was created in 2008 in order to integrate tobacco control and prevention activities into all of the Consortium standing committees. The vision of this committee is to “Create a tobacco-free Miami-Dade” and its mission is that “The Consortium for a Healthier Miami-Dade Tobacco - Free Workgroup Committee will build collaboration with various partners and organizations in order to decrease smoking tobacco and exposure to second hand smoke in our community.” To fulfill its mission the committee will educate, advocate and promote local activism against tobacco and its use.



Future projects:

- To increase the tobacco user fee by \$1.00
- To assist hospitals and universities in creating tobacco-free environments
- To establish 30 SWAT Clubs (Students Working Against Tobacco)

Worksite Wellness

Worksite Wellness programs, especially those targeting the specific health issues of employees, can save anywhere from \$2.00 to \$6.00 for every dollar spent on the program. Ideal worksite wellness programs are preventive and interventional in nature, treating those employees who are already sick as well as preventing future illness in those employees who are in good health. Chronic diseases can be prevented through a lifestyle that incorporates regular exercise, a heart healthy diet, and avoidance of tobacco products. Given that the average person spends more time with co-workers than with their families, does it not make sense to take promote health and wellness in the office setting?



The Worksite Wellness Committee has blossomed since its inception in 2003. In addition to continuing to host quarterly “Forums,” where community organizations are given the opportunity to learn about best practices for worksite wellness programs, the Committee has regrouped and is aggressively developing strategic tools to assist local businesses start and grow their worksite wellness programs. The committee is also planning to hold its first annual **Worksite Wellness Awards Luncheon** on April 29th, 2009 at the Epic Hotel in Miami, to recognize the important strides that local businesses have made in improving the health of their employees.

Please visit www.healthymiamidade.org, which now has a downloadable Resource Directory with links to informational web sites and articles – all organized by topic of interest. The website also includes a listing of local worksite wellness service providers, as well as case studies demonstrating how targeted worksite health promotion programs are proven to result in a positive return on investment.

2007 Community Leader Opinion Survey Summary Report



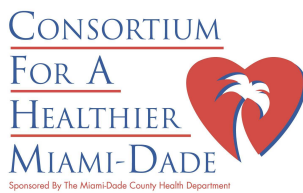
Prepared for:

Consortium for a Healthier Miami-Dade

By:

Health Council of South Florida, Inc

April 30, 2008



EXECUTIVE SUMMARY

The Consortium for a Healthier Miami-Dade (Consortium) was formed by the Miami-Dade County Health Department in 2003, to foster collaboration and coordination in the areas of health promotion and disease prevention. The Consortium conducts a community leader opinion (CLO) survey annually to identify and prioritize the most important health needs, problems and services in Miami-Dade County as identified by community leaders. Findings help shape the Consortium's future goals and objectives and assess its visibility in the community. The first CLO survey was conducted in the spring of 2005. The *2007 Community Leader Opinion Survey Report* summarizes the findings for the CLO survey conducted in the fall of 2007.

During the months of December 2007 to March 2008, the 2007 CLO survey was distributed to 900 community leaders constituting a variety of providers, program administrators, academics, funders and policy makers. At the end of the three months, a total of 137 surveys were collected.

Survey questions solicited opinions on priority health issues facing Miami-Dade County residents based on 16 health indicators identified in the Miami-Dade County Health Report Card released in the summer of 2007. Additionally, survey questions assessed awareness of the Consortium, its Committees and five Consortium initiatives carried out in 2007. Community leaders recommended health policy priority areas were also solicited.

The following gives a brief summary of findings and recommendations offered:

I. Summary of Findings.

1. *The most important health issue facing Miami-Dade County residents:*

- i. Over half (54%) of survey respondents identified Uninsured (people under 65 years without health insurance) as the most important health issue in Miami-Dade County.

Root causes

Most survey respondents cited cost barriers as the root cause of the uninsured problem particularly due to i) lack of supplemental funds in general or poor economy; ii) high cost of purchasing health insurance; iii) and high cost of healthcare. Closely related to cost barriers, challenges with obtaining health insurance coverage associated with socioeconomic and immigration status was also highlighted as a contributing factor. Also cited was the lack of a universal healthcare system and lack of leadership from government to address the issue.

Recommended Solutions

Recommended approaches to address the uninsured crisis largely emphasized the need to implement a universal healthcare system. Legislative action and government leadership were highlighted as essential to the progression of healthcare reform. Where resources exist to address the uninsured and undocumented populations, survey respondents recommended expansion of these resources. Survey respondents also recommended development of alternative solutions that are more affordable to the uninsured population and more accessible to the undocumented population.

- ii. Approximately 14% identified adult overweight/obesity as the most important health issue in Miami-Dade County.

Root Cause

For the most part, survey respondents cited poor diet and lack of physical activity as the root cause of adult overweight and obesity in the county. To a lesser extent, lack of education on the benefits of good nutrition choices, proper cooking skills, consistent exercise and the impact of obesity on physical health was also cited as a contributing factor.

Recommended Solutions

Recommended approaches to address adult overweight and obesity emphasized the need to increase awareness, through education about the importance of healthy eating habits and engaging in regular physical activity. Some recommended solutions focused on environmental factors including: i) implementation of healthy lifestyle programs in institutions particularly at worksites and in schools; ii) building of neighborhoods that maximize opportunities for engagement in healthy behaviors such as inclusion of bicycle and pedestrian paths; iii) and implementation of food policies that mandate calorie information on menu items.

- iii. Approximately 7% identified diabetes long term complication admission rate as the most important health issue in Miami-Dade County.

Root Cause

Most survey respondents emphasized predisposing factors such as being overweight or obese, lack of physical activity and poor diet as the root cause of diabetes long term complication admission rate. To a lesser extent, lack of knowledge about risk factors and the importance of seeking care were also cited as contributing factors.

Recommended Solutions

Most survey respondents emphasized the need for increasing awareness through educational efforts at the community level as well as at the

primary care provider level. Additionally, increasing access to healthcare including preventive health services was also highlighted.

2. *Survey respondents' membership, awareness of the Consortium and perceived importance of the Consortium Committees:*

- i. There was an increase in Consortium awareness (56.2% vs. 33.6%) and membership (37.2% vs. 13.6%) among survey respondents since 2006.
- ii. Likewise, survey respondent awareness of Consortium Committees followed a similar trend and saw an increase in awareness as well as perceived importance since 2006.

3. *Survey respondents participation in Consortium meetings, activities and initiatives:*

- i. Approximately 40% of survey respondents had participated at some point in Consortium activities and meetings. Additionally, only 16.2% of survey respondents attend Consortium Committee meetings once a month or more. Nevertheless, membership attendance to meetings monthly or more saw an increase since 2006 (9.5%).
- ii. Approximately 40% of survey respondents reported awareness of the Consortium's Annual Meeting while only 13.3% attended the 2007 event.
- iii. Awareness of the Consortium's involvement in the Mayor's Initiative on Aging (34.3% vs. 32.6%) and the Community Resource Inventory (14.8% vs. 12.9%) remained relatively the same as in 2006 while a slight increase was observed in the awareness of Step Up, Florida (35.4% vs. 28.5%).

4. *Health policy focal areas for consideration by the Consortium as identified by survey respondents:*

- i. Disease prevention and control
- ii. Health Insurance
- iii. Access to care

II. Recommendations.

The Health Council of South Florida proposes the following recommendations for consideration by the Consortium:

1. The Consortium should incorporate appropriate recommendations provided by survey respondents into their strategic planning process.
2. The Consortium initiatives demonstrate its alignment with at least three health issues highlighted in this report as important including adult overweight/obesity, diabetes, physical activity and hypertension. While the uninsured crisis is a critical issue that needs to be addressed, the Consortium should partner with other organizations advocating for health policies geared towards healthcare reform.
3. While Consortium membership has grown, it is important to note that only 37% of survey respondents reported being members of the Consortium, only half of which are active members (19.1%). In lieu of this, the Consortium should increase its efforts to recruit key stakeholders as active members.
4. To standardize the recruitment process the Consortium may want to develop a membership recruitment and retention plan as one of its strategic priorities for 2008-2009.
5. To gain more visibility in the community, particularly among those who are not Consortium members, the Consortium may need to undertake more efforts to publicize the Consortium's meetings, activities and initiatives.
6. In future CLO surveys, it would be recommended that the Consortium conduct analysis for members and non-members separately which is not possible in the Survey Monkey configuration.

Background

In an effort to promote greater coordination and collaboration in the areas of health promotion and disease prevention the Miami-Dade County Health Department (MDCHD) formed the Consortium for a Healthier Miami-Dade (Consortium) in 2003. The Consortium is comprised of over 40 community agencies that work together to address prevalent chronic diseases in Miami-Dade County with specific emphasis on heart disease, cancer and stroke. The Consortium's vision is to foster a healthy environment, healthy lifestyles and a healthy community. Its mission is to be a major catalyst for healthy living in Miami-Dade County.

Purpose

The CLO Survey is a recognized method utilized in community health planning and is a component of the Centers for Disease Control and Prevention's (CDC) Planned Approach to Community Health (PATCH) model. The Consortium has been conducting the CLO Survey every year since 2005. The CLO Survey has a threefold purpose: a) to identify and prioritize the most important health needs, problems and services in Miami-Dade County as identified by community leaders; b) to assist in the development of the Consortium's future community activity goals and objectives; and c) to assess community awareness of the

Consortium. Survey results will be used to determine priority health issues in Miami-Dade County and the best approaches to improving the health status of Miami-Dade County residents.

Methodology

The 2005 CLO survey instrument was based on a community leader opinion survey design by the Centers for Disease Control and Prevention (Planned Approach to Community Health Manual). Each year the instrument is reviewed and adapted. In November 2007, the Health Council of South Florida (Council) reviewed and updated the 2006 CLO Survey instrument [*Attachment I*]. Section A and B of the 2006 CLO Survey was modified to include questions addressing indicators identified in the Miami-Dade County Community Health Report Card (Report Card) [*Attachment II*]. The Report Card, released in June 2007, measures a robust set of 93 indicators of health against an ideal benchmark and sets targets in ten priority need areas that include a total of 16 health indicators.

Over a period of three months (mid-December 2007 to mid-March 2008), Council staff encouraged community leaders in Miami-Dade County to complete the 2007 CLO survey. Approximately 900 surveys were distributed to potential respondents via email and a total of three reminders were sent to potential respondents.

The Consortium chose to distribute the CLO survey to community leaders representing the following entities:

- Academia
- Community action agencies
- Consortium members
- Funding Agencies
- Hospitals and community health centers
- Social service organizations
- Public Office

Survey respondents were asked to:

- Identify priority health issues facing Miami-Dade residents from among 16 specific health indicators identified in the Miami-Dade County Health Report Card
- Identify root causes of identified priority health issues
- Recommend solutions for addressing identified health issues
- Indicate awareness of the Consortium, its Committees and resulting initiatives
- Recommend health policy priority areas for the Consortium to address

Respondents had the option of completing the survey via www.surveymonkey.com or submitting a completed hard copy version by fax or regular mail to the Council. A total of 137 community leaders completed the

survey (125 online and 12 mailed or faxed) representing a response rate of approximately 15%. This is a decrease from 152 in 2006 (response rate 23%).

Quantitative results were analyzed using Survey Monkey analytical capabilities while qualitative data were analyzed by Council staff. The qualitative data analysis methodology involved categorization of qualitative responses into themes based on a frequency of two or more.

This report provides a summary of the findings of the 2007 Community Leader Opinion Survey and recommendations based on survey findings. The report makes comparisons to the 2006 findings where similar responses were solicited from year to year. Additionally, due to the optional nature of the survey, total number of respondents may differ from one question to the next.

RESULTS

Respondent Demographics

Similar to findings in 2006, the majority of respondents were female (84; 62.2%) and the largest proportion of respondents identified themselves as a “health care professional” (*Table 1*).

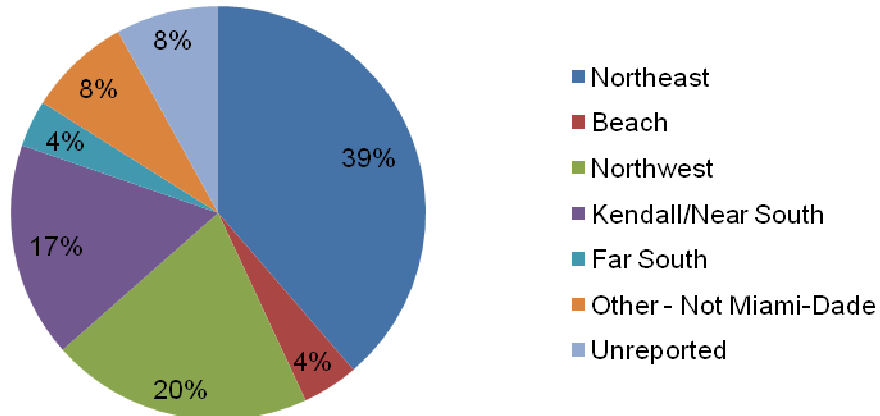
Table 1. Proportion (%) of respondents by type of work/profession

Profession	2006(n=140)	2007(n=135)
Business Leader	3.6% (5)	10% (10)
Consultant	3.6% (5)	4.4% (4)
Consumer Advocate	2.9% (4)	0.7% (1)
Educator	8.6% (12)	14.8% (20)
Elected Official	0.0% (0)	0.0% (0)
Health Care Professional	22.1% (31)	20.7% (28)
Hospital Administrator	6.4% (9)	5.2% (7)
Legal Professional	0.7% (1)	0.0% (0)
Social Service Provider	16.4% (23)	7.4% (10)
Physician	2.9% (4)	1.5% (2)
Public Health Official	2.1% (3)	5.2% (7)
Public Service/Government	14.3% (20)	11.9% (16)
Funder	N/A	7.4% (10)
Other	16.4% (23)	13.3% (18)

N/A – data not available

An analysis of organization zip code information revealed that the largest proportion of respondents' organizations (39%), are located in the northeast area of Miami-Dade County (*Figure 1.*).

Figure 1. Proportion of survey respondents by organization's geographical location



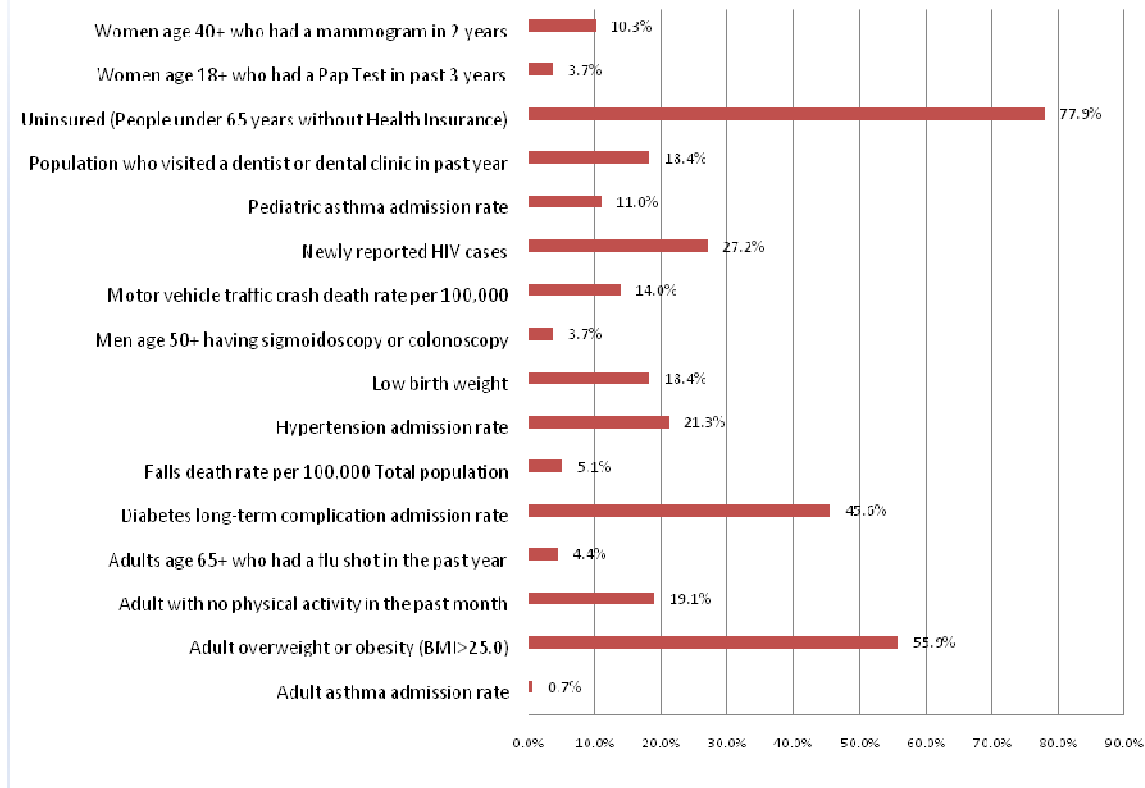
Survey questions in the CLO survey were organized into two parts. The first part solicits leader opinions on the most important health issues facing Miami-Dade residents and how to address them. The second part assesses community leader awareness of the Consortium and its initiatives.

I. The Most Important Health Issue in Miami-Dade County

The Report Card was used as the point of reference to solicit leader opinions on the most important health issues currently affecting Miami-Dade County residents. The Report Card highlights 16 health indicators as priority need areas [*Appendix II*]. At first, respondents were asked about their awareness of The Report Card. Well over half of the respondents reported being aware of the Report Card (60.6%). Respondents were then asked to identify from the list what they thought are the three most important health issues facing Miami-Dade County residents. In order of importance, respondents identified the following health indicators as the three most important (*Figure 2.*): Uninsured – people under 65 years without health insurance (77.4%); Adult

overweight or obesity (55.5%); Diabetes long-term complication admission rate (45.3%).

Figure 2. The three most important health issues facing Miami-Dade County residents



To further narrow down their selections, respondents were asked to indicate from their selected three important health issues: 1) the most important health issue of the three; 2) the root cause of the selected health issue and 3) how the selected health issue could be reduced or eliminated. Findings of the top three cited health issues are discussed below. *Appendix III* illustrates the full spectrum of responses provided.

Results mirrored findings that emerged from the question that solicited the three most important health issues in Miami-Dade County. By far, the largest proportion of respondents (54.0%) cited “Uninsured (people under 65 years without health insurance)” as the most important health issue in Miami-Dade County. The health indicator “Adult overweight or obesity (BMI>25.0)” ranked second with fewer than 14% of respondents citing it while “Diabetes long term complication admission rate” came in third with just under 7% of respondents citing it. (*Table 2*).

Table 2. Top 5 Most Important Health Issues Facing Miami-Dade County Residents

Health indicator	% of respondents (#)
Uninsured (people under 65 years without health insurance)	54.0% (74)
Adult overweight or obesity (BMI>25.0)	13.9% (19)
Diabetes long term complication admission rate	6.6% (9)
Newly reported HIV cases	5.8% (8)
Adult with no physical activity in the past month	3.6% (5)
Pediatric Asthma Admission Rate	2.1% (3)
Childhood Obesity	1.5% (2)
Chronic Disease	1.5% (2)
Hypertension	0.7% (1)
Men age 50 + having sigmoidoscopy or colonoscopy	0.7% (1)
Motor vehicle traffic crashes death rate per 100,000	0.7% (1)
Women 40 + who had a mammogram in 2 years	0.7% (1)
Quality of and access to care	0.7% (1)
All Three	2.1% (3)

n= 137

Proposed root causes and approaches of reducing or eliminating the top three most frequently cited health issues are discussed below. Responses gathered were analyzed by organizing them into themes based on statements that appeared more than two times. In some instances, some responses contained statements that aligned with more than one theme; hence the denominator may be significantly higher than the number of respondents per health indicator (*Table 3*).

Uninsured (people under 65 years without health insurance)

Root Causes

Survey respondents reporting people under 65 years without health insurance as the most important problem provided a total of 100 responses when asked for their opinion on the root cause of the health issue. Responses gathered were organized into 11 themes [*Appendix IV*].

The most frequently cited root cause of the uninsured status in Miami-Dade County was related to various *cost barriers* (28) including: i) lack of supplemental funds in general or poor economy (13); ii) high cost of purchasing health insurance (9); iii) and high cost of healthcare (6).

Closely related to cost barriers, *challenges with obtaining health insurance coverage associated with socioeconomic and immigration status* was the second most cited root cause for the uninsured problem (27). Specific issues highlighted included: i) the existing large income disparity in the county; ii) low-income, working poor and undocumented populations' inability to purchase health insurance coverage due in part to financial constraints; iii) and the limited ability of the welfare system to address the needs of these populations particularly the working poor and undocumented populations.

The third most frequently cited reason for the uninsured status in the county emphasized *the current healthcare system, its governing public policy and government leadership* (26). Specific issues highlighted included: i) failure of the current healthcare system to ensure national coverage including the undocumented population (11); ii) and failure on the part of government leadership to initiate the development and implementation of a universal healthcare system, further aggravated by the governments' seemingly close relationship with health insurance companies (15).

Other reasons cited included the increasing loss of employer-based health insurance coverage due in part to the rising cost of healthcare (6), and difficulty in accessing and navigating available resources by the low income, working poor and uninsured populations (6).

Recommended Solutions

When asked to provide their opinion on how the health issue could be addressed survey respondents reporting the uninsured as the most important problem provided a total of 74 responses. Responses gathered were organized into 7 themes [Appendix IV].

The most frequently cited responses (28) indicated the need for *healthcare reform* to address the uninsured crisis in Miami-Dade County. Specific solutions included the need to develop and implement a more affordable and accessible universal healthcare system, delivered through a single payer system or a public-private partnership, that at the least, provides basic insurance for everyone including the undocumented population.

The second most frequently cited responses (15) indicated the need to increase resources and develop new alternative solutions. Proposed solutions included the need to: i) *increase funding to or expand existing resources* such the local public hospital and free clinics; ii) and *develop alternative insurance and*

healthcare options that stem the rising cost of healthcare thus increasing access for low-income and uninsured populations.

The third most frequently cited responses (11) indicated that *legislative action and government commitment* are important components if progress to curtail the uninsured problem is to occur.

Other proposed approaches cited included the need to:

- Enhance outreach activities to increase awareness of available services for at risk populations (5);
- Increase employer participation in insurance coverage programs (5);
- Increase employment rates in an effort to decrease the number of welfare recipients (3).

Adult Overweight or Obesity (BMI>25.0)

Root Cause

When asked their opinion on the root cause of adult overweight or obesity, survey respondents reporting it as the most important health issue in Miami-Dade County provided a total of 31 responses. Responses gathered were organized into 6 themes [Appendix V].

The most frequently cited responses (20) focused on *nutrition and physical activity practices*. Specifically, respondents indicated that poor diet and lack of physical activity was the root cause of adult overweight and obesity in the county. A small number of respondents (6) cited *lack of education* with regards to good nutrition choices, proper cooking skills, consistent exercise and the impact of obesity on physical health. Other responses cited included: i) lack of access to affordable healthy food choices due to cost; ii) and cultural influences.

Recommended Solutions

When asked to provide their opinion on how the adult overweight or obesity health issues could be curbed, survey respondents who reported this issue as the most important health issue in Miami-Dade County provided a total of 33 responses. Responses gathered were organized into 6 themes [Appendix V].

The larger proportion of the responses (13) emphasized the need to *increase awareness*, through education about *the importance of healthy eating habits and engaging in regular physical activity*. Other proposed approaches for eliminating or reducing adult overweight or obesity include:

- Implementation of worksite wellness programs (5)

- Implementation of school wellness programs that includes incorporation of physical education in the school curriculum, a healthy lunch program, and healthier vending machine options (4)
- Encourage building of neighborhoods that maximize opportunities for engagement in healthy behaviors such as bicycle and pedestrian paths (4)
- Implementation of food policies that mandate calorie information on menu items (3)

Diabetes Long Term Complication Admission Rate

Root Cause

When asked their opinion on the root cause of the diabetes long term complication admission rate, survey respondents who reported this issue as the most important health issue in Miami-Dade County provided a total of 10 responses. Responses gathered were organized into 5 themes [*Appendix VI*].

Due to the small number of responses and the broad array of responses provided, a clear analysis of the root cause of the health issue was difficult to obtain. Considering this limitation, for the most part survey respondents emphasized predisposing factors such as being overweight or obese, lack of physical activity and poor diet as the root cause of diabetes long term complication admission rate. Lack of knowledge about risk factors and the importance of seeking care as well as cultural influences on health were also cited as factors leading to the occurrence of this health problem.

Recommended Solutions

When asked for potential approaches to reduce or eliminate diabetes long term complication admission rate, a total of 13 responses were provided forming three themes [*Appendix VI*]. Survey respondents emphasized the need for increasing awareness through educational efforts at the community level as well as by primary care providers to their clients (7). Increasing access to healthcare including preventive health services such as health screenings was also highlighted as a key solution (3).

Other Important Health Issues Facing Miami-Dade County Residents

Survey respondents were asked to list other health issues in Miami-Dade County they regarded as important that were not identified in the Report Card. Approximately 40% of survey respondents provided a total of 75 responses. Responses gathered were organized into 12 themes [*Appendix VII*]. Most responses (15) highlighted childhood health issues, with particular emphasis on *childhood obesity*. *Minority discrimination and cultural influences* on the health of Miami-Dade County residents ranked in second (9) while *mental health issues* ranked in third (7).

Table 3. Top 3 Most Important Health Issues Facing Miami-Dade County Residents, Root Causes and Approaches for Reducing or Eliminating.

Health indicator	% of respondents (#)	Root cause	Proposed method to eliminate or reduce impact
Uninsured (people under 65 years without health insurance)	54.0% (74)	n = 100 <ul style="list-style-type: none"> ▪ Cost barriers (28) <ul style="list-style-type: none"> ○ Lack of funds/poor economy ○ Cost of health insurance ○ Cost of healthcare ▪ Challenges with obtaining health insurance coverage by low income, working poor and undocumented populations (27) ▪ Healthcare system, public policy and government leadership (26) <ul style="list-style-type: none"> ○ Failure of current system to ensure national coverage ○ Failure of government to provide universal healthcare system and its relationship with health insurance companies ▪ Increasing loss of employer-based health insurance coverage (6) ▪ Difficulty accessing and navigating the system (6) ▪ Other (7) 	n = 74 <ul style="list-style-type: none"> ▪ Healthcare reform (28) <ul style="list-style-type: none"> ○ Universal healthcare system ○ Single payer or public-private partnership ○ Include the undocumented population ▪ Increase resources and develop new alternative solution (15) ▪ Legislative action and government commitment (11) ▪ Enhance outreach activities (5) ▪ Increase employer participation in insurance coverage programs (5) ▪ Increase employment rates (3)
Adult overweight or obesity (BMI>25.0)	13.9% (19)	n = 31 <ul style="list-style-type: none"> ▪ Poor diet and lack of physical activity (20) ▪ Lack of education (6) ▪ Lack of access to affordable health food choice (2) ▪ Other (3) 	n = 33 <ul style="list-style-type: none"> ▪ Increase awareness through education about the importance of healthy eating habits and regular physical activity (13) ▪ Implement worksite wellness programs (5) ▪ Implement school wellness programs (4) ▪ Building of neighborhoods that maximize opportunities for engagement in healthy behaviors (4) ▪ Implement food policies (3) ▪ Other (4)
Diabetes long term complication admission rate	6.6% (9)	n = 10 <ul style="list-style-type: none"> ▪ Predisposing factors e.g., being overweight or obese, lack of physical activity and poor diet (3) ▪ Lack of knowledge about risk factors and the importance of seeking care (2) ▪ Cultural influences (2) ▪ Other (3) 	n = 13 <ul style="list-style-type: none"> ▪ Increase awareness through educational efforts at the community level as well as by primary care providers to their clients (7) ▪ Increase access to healthcare including preventive health services (3) ▪ Other (3)